

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5428PCA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/20/2010
NAME OF PROVIDER OR SUPPLIER SILVER STATE PERSONAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 E SAHARA STE 106 LAS VEGAS, NV 89104		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 9/14/2010 and finalized on 9/20/2010, in accordance with Nevada Administrative Code, Chapter 449, Personal Care Agencies.</p> <p>Complaint #NV00026183 was substantiated with deficiencies cited.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following deficiencies were identified:</p>	P 000		
P 030	<p>Section 13.1(1-2) Licensure</p> <p>Sec. 13. 1. Except as otherwise provided in this subsection, each license issued to operate an agency is separate and distinct and is issued to a specific person to operate the agency at a specific location. A person may operate an agency at multiple work stations if the agency maintains the records for the clients, attendants, other members of the staff of the agency and operations of the agency at the specific location designated on the license.</p> <p>2. The name of the person who is designated as responsible for the conduct of the agency must appear on the face of the license.</p> <p>This STANDARD is not met as evidenced by:</p>	P 030		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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P 030	Continued From page 1 Based on record review, employee interviews, and observation of the agency's license from the Bureau of Health Care Quality and Compliance, the agency failed to notify the Bureau of changes in the management staff. 1. The name of the administrator who is designated as responsible for the conduct of the agency does not match the name of the administrator listed on the agency's license. Scope: 2 Severity: 2	P 030			
P 060	Section 14.1(2) Administrator Responsibilities 2. The administrator of an agency shall represent the licensee in the daily operation of the agency and shall appoint a person to exercise his authority in his absence. The responsibilities of an administrator include, without limitation: (a) Employing qualified personnel and arranging for their training; (b) Ensuring that only trained attendants are providing services to a client of the agency and that such services are provided in accordance with the functional assessment of the client, the service plan established for the client and the policies and procedures of the agency; (c) Developing and implementing an accounting and reporting system that reflects the fiscal experience and current financial position of the agency; (d) Negotiating for services provided by contract in accordance with legal requirements and established policies of the agency; (e) Providing oversight and direction for attendants and other members of the staff of the agency as necessary to ensure that the clients of	P 060			

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P 060	<p>Continued From page 2</p> <p>the agency receive needed services; (f) Developing and implementing policies and procedures for the agency, including, without limitation, policies and procedures concerning terminating the personal care services provided to a client; (g) Designating one or more employees of the agency to be in charge of the agency during those times when the administrator is absent; and (h) Demonstrating to the Health Division upon request that the agency has sufficient resources and the capability to satisfy the requests of each client of the agency related to the provision of the personal care services described in the service plan to the client.</p> <p>This STANDARD is not met as evidenced by: Based on interview and document review, the agency failed to provide enough time and resources for the administrator of the agency to provide oversight and direction for the staff of the agency to ensure that clients receive appropriate and needed services.</p> <p>1. The administrator of Sucasa Personal Care agency has also been designated by the Addus HealthCare corporation to be the administrator of three additional personal care agency sites that are all located at different addresses. These three PCA agencies were licensed separately to operate independently at their specific address. They are: 1) Silver State Personal Care located at 1800 E Sahara Ste. 106 Las Vegas, NV 2) Desert PCA located at 2140 W. Charleston Blvd Ste. A Las Vegas, NV and 3) Greater Vegas PCA located at 4905 W. Alta Drive Las Vegas, NV. This new assignment brings the number of</p>	P 060			

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P 060	Continued From page 3 agencies one administrator is responsible for to a total of four (4) personal care agencies. Scope: 2 Severity: 2	P 060			

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